



William A. Hinton State Laboratory Institute

OVERTIME REQUEST FORM

This form is to be used to request and approve overtime, whether paid through an overtime rate or through comp time. The supervisor must anticipate and request overtime approval **prior** to the beginning of overtime work. The supervisor will keep the completed copy of the form and include it with the pay period's regular time and attendance records.

Name of Employee: _____

Employee #: _____

Department: _____

Date(s) of overtime work: _____

of hours requested: _____

Why work cannot be completed during regular hours: _____

Overtime is to be: paid at OT rate ☐ added to comp time balance ☐
(If OT rate, complete below)

OT Account: _____

Approval:

Supervisor: _____ Date: _____

Department Head: _____ Date: _____

Denial reason: _____